Case 19-23357-TPA Doc 7-1 Filed 08/28/19 Entered 08/28/19 16:19:47 Desc

		Scheal	lies Page Lorss	
Fill in this infor	mation to identify your	case:		
Debtor 1	Robert A. Wade			
	First Name	Middle Name	Last Name	
Debtor 2	Melissa K. Wade			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT C	PENNSYLVANIA	
_	19-23357			
(if known)				Check if this is
				amended filing

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

if this is an

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page

		Your a	assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	223,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	36,800.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	259,800.00
Par	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	221,987.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	3,427.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	156,226.62
	Your total liabilities	\$	381,640.62
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	4,126.66
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	6,100.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
	■ Yes		

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

page 1 of 2

the court with your other schedules.

#### Case 19-23357-TPA Doc 7-1 Filed 08/28/19 Entered 08/28/19 16:19:47 Desc Schedules Page 2 of 55

Debtor 1 Robert A. Wade
Debtor 2 Melissa K. Wade Case number (if known) 19-23357

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

5,658.00

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total c	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	3,427.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	3,427.00

	Ca	ise 19-23357	-IPA DOC			ed 08/28/19 Ent ules Page 3 of 5		/28/19 16	:19:47	Desc
Fill ir	n this info	rmation to identify	your case and th				7. /			
Debto	or 1	Robert A. W	ade							
Debto	or 2	First Name	Middle	Name		Last Name				
	e, if filing)	Melissa K. V First Name	vade Middle	Name		Last Name				
Unite	d States E	Sankruptcy Court for	the: WESTERN	DISTR	RICT C	F PENNSYLVANIA				
Casa	number	19-23357								
Case	Tiullibei	19-23337								Check if this is an amended filing
Sc n each hink it	hedu h category, t fits best.	Be as complete and a pre space is needed,	roperty escribe items. List a accurate as possibl	e. If two	marri	once. If an asset fits in more ed people are filing together m. On the top of any additio	r, both are e	qually responsi	ible for sup	plying correct
Part 1	_		uilding Land or Ot	her Real	l Fetat	e You Own or Have an Intere	est In			
	-		uitable interest in a	ny resid	uence,	building, land, or similar pro	орену г			
	No. Go to Pa									
•	Yes. Where	e is the property?								
1.1				What	t is the	property? Check all that apply				
_		bby Avenue			Sing	le-family home				ms or exemptions. Put
;	Street addres	s, if available, or other des	cription		Con	lex or multi-unit building dominium or cooperative				claims on Schedule D: s Secured by Property.
_	Washing	iton PA	15301-0000			ufactured or mobile home		Current value entire property		Current value of the portion you own?
(	City	State	ZIP Code			stment property		\$223,0	00.00	\$223,000.00
				U Who	Othe	eshare er n interest in the property? C	heck one		mple, tena	our ownership interest ncy by the entireties, or
						tor 1 only		Tenants by	the enti	reties
_	Washing	iton			] Debi	tor 2 only				
(	County					tor 1 and Debtor 2 only				nunity property
					er infor	ast one of the debtors and and mation you wish to add abo entification number:		such as local	ions)	
					-	acquired the property	by deed	in 11/2014.		
						entries from Part 1, inclu				\$223,000.00

Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1 Case 19-23357-TPA Doc 7-1 Filed 08/28/19 Entered 08/28/19 16:19:47 Desc Schedules Page 4 of 55

Debte Debte		obert A. Wade Ielissa K. Wade		Case number (if known) 1	9-23357
3. <b>Ca</b>	rs, vans,	trucks, tractors, sport utility ve	ehicles, motorcycles		
	No				
_	Yes				
3.1	Make:	Ford	Who has an interest in the property? Check one		d claims or exemptions. Put cured claims on Schedule D:
	Model:	Escape	■ Debtor 1 only	Creditors Who Have	Claims Secured by Property.
	Year:	2017	Debtor 2 only	Current value of the	Current value of the
	Approxin	nate mileage: 50,000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
		formation:	$\square$ At least one of the debtors and another		
	Washi	on: 1484 Gabby Avenue, ngton PA 15301 determined by N.A.D.A.	☐ Check if this is community property (see instructions)	\$11,650.00	\$11,650.00
3.2	Make:	Ford	Who has an interest in the property? Check one		d claims or exemptions. Put
0.2	Model:	Focus	■ Debtor 1 only		cured claims on Schedule D: Claims Secured by Property.
	Year:	2018	■ Debtor 1 only □ Debtor 2 only		, , ,
		nate mileage: 13500	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	• • •	formation:	☐ At least one of the debtors and another	onino proporty.	portion you oit
	Location	on: 1484 Gabby Avenue,			
	Washii Value	ngton PA 15301 determined by N.A.D.A.	☐ Check if this is community property (see instructions)	\$10,150.00	910,150.00
	listing				
3.3	Make:	Nissan	Who has an interest in the property? Check one		d claims or exemptions. Put
	Model:	Sentra	■ Debtor 1 only		cured claims on Schedule D: Claims Secured by Property.
	Year:	2004	Debtor 2 only	Current value of the	Current value of the
	Approxin	nate mileage: 105,000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other inf	formation:	☐ At least one of the debtors and another		
		on: 1484 Gabby Avenue,		¢4 500 0	
		ngton PA 15301 determined by N.A.D.A.	☐ Check if this is community property (see instructions)	\$1,500.00	\$1,500.00
Exa	amples: B No Yes  dd the do nges you  Descri	oats, trailers, motors, personal was blar value of the portion you over have attached for Part 2. Write the Your Personal and Household I	nd other recreational vehicles, other vehicles, atercraft, fishing vessels, snowmobiles, motorcycles, fishing vessels, fishin	g any entries for	\$23,300.00  Current value of the portion you own?
					portion you own? Do not deduct secured claims or exemptions.
E		goods and furnishings Major appliances, furniture, linens	s, china, kitchenware		
		scribe			

Debtor 1 Debtor 2		Case number (if known) 19-23357
	Normal household goods and furnishing Summary available upon request Location: 1484 Gabby Avenue, Washing	
□ No	Inples: Televisions and radios; audio, video, stereo, and digital equipments including cell phones, cameras, media players, games	ment; computers, printers, scanners; music collections; electronic devices
	Electronics Summary available upon request Location: 1484 Gabby Avenue, Washin	gton PA 15301 \$2,000.00
Exam	other collections, memorabilia, collectibles	ks, pictures, or other art objects; stamp, coin, or baseball card collections;
9. <b>Equip</b> Exam	musical instruments	icycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools;
■ No	amples: Pistols, rifles, shotguns, ammunition, and related equipment	
11. <b>Clotl</b> <i>Exai</i> □ No	hes amples: Everyday clothes, furs, leather coats, designer wear, shoes,	accessories
<b>–</b> re	Clothing Location: 1484 Gabby Avenue, Washin	gton PA 15301 \$500.00
□ No	amples: Everyday jewelry, costume jewelry, engagement rings, wedd	ing rings, heirloom jewelry, watches, gems, gold, silver
	Jewelry Location: 1484 Gabby Avenue, Washin	gton PA 15301 \$5,000.00
Exal No	-farm animals amples: Dogs, cats, birds, horses os. Describe	
	2 dogs and 1 cat Location: 1484 Gabby Avenue, Washin	gton PA 15301 \$0.00

14. Any other personal and household items you did not already list, including any health aids you did not list

■ No

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	btor 1 btor 2	Robert A. W Melissa K. V			3011	Called 1 age 0 of 55	ase number (if known)	19-23357
	□ Yes.	Give specific inf	ormation	ı				
15						ncluding any entries for pages yo	ou have attached	\$13,500.00
Pai	rt 4: De	scribe Your Finan	cial Asse	ts				
Do	you ov	vn or have any l	egal or (	equitable intere	est in any o	f the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	■ No	oles: Money you	·		•	a safe deposit box, and on hand wh	nen you file your petitic	on
	-					certificates of deposit; shares in credite same institution, list each.	dit unions, brokerage h	ouses, and other similar
						Institution name:		
			17.1.	Checking		Washington Federal Savings	Bank	\$0.00
			17.2.	Savings		Washington Federal Savings	Bank	\$0.00
	Exam <sub>l</sub> ■ No	s, mutual funds, ples: Bond funds,			ith brokerag	e firms, money market accounts		
	joint v	ublicly traded st venture	ock and	interests in in	corporated	and unincorporated businesses,	including an interest	t in an LLC, partnership, and
	■ No	Give specific inf		ah aut thana				
	⊔ res.	Give specific in		me of entity:		g	% of ownership:	
	Negot Non-n	iable instruments	include	personal check	s, cashiers'	and non-negotiable instruments checks, promissory notes, and mono o someone by signing or delivering		
	■ No □ Yes.	Give specific info		about them uer name:				
	Exam	ment or pension ples: Interests in			I(k), 403(b)	thrift savings accounts, or other per	nsion or profit-sharing p	plans
	■ No □ Yes.	List each accour	•	tely. of account:		Institution name:		
	Your s Exam		d depos	its you have ma		ou may continue service or use fron utilities (electric, gas, water), telecor		ies, or others
	■ No □ Yes.					Institution name or individual:		
	Annuit ■ No	ties (A contract fo	or a perio	odic payment of	money to y	ou, either for life or for a number of y	vears)	
		ls	suer nar	ne and descripti	ion.			

Official Form 106A/B Schedule A/B: Property

Case 19-23357-TPA Doc 7-1 Filed 08/28/19 Entered 08/28/19 16:19:47 Desc Schedules Page 7 of 55 Robert A. Wade

De	ebtor 2	Melissa K. Wade		Case number (if known)	19-23357		
24.	Interest	s in an education IRA, in an account i	n a qualified ABLE program, or	under a qualified state tuition prog	gram.		
		C. §§ 530(b)(1), 529A(b), and 529(b)(1).			-		
	■ No □ Yes	Institution name and desc	ription. Separately file the records	of any interests.11 U.S.C. § 521(c):			
	Trusts, ■ No	equitable or future interests in prope	rty (other than anything listed in	line 1), and rights or powers exer	cisable for your benefit		
		Give specific information about them					
		s, copyrights, trademarks, trade secre bles: Internet domain names, websites, p					
	_	Give specific information about them					
<ul> <li>27. Licenses, franchises, and other general intangibles</li> <li>Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses</li> <li>No</li> </ul>							
	_	Give specific information about them					
М	oney or p	property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.		
28.	Tax ref	unds owed to you			dams of exemptions.		
	■ No	-					
	☐ Yes. (	Give specific information about them, inc	luding whether you already filed th	ne returns and the tax years			
	■ No	support  oles: Past due or lump sum alimony, spou	ısal support, child support, mainte	nance, divorce settlement, property s	settlement		
	Examp  ■ No	amounts someone owes you oles: Unpaid wages, disability insurance penefits; unpaid loans you made to Give specific information		pay, vacation pay, workers' compen	sation, Social Security		
		ts in insurance policies bles: Health, disability, or life insurance; h	ealth savings account (HSA); cred	dit, homeowner's, or renter's insuranc	се		
		Name the insurance company of each po	blicy and list its value.				
	_ 100.1	Company name:	oney and not no value.	Beneficiary:	Surrender or refund value:		
		Colonial Penn Term Life Insur	ance	Spouse	\$0.00		
		Colonial Penn					
		Term Life Insur	ance	Debtor 1	\$0.00		
		Term Life Polic	у	Spouse	\$0.00		
32.	Any int	erest in property that is due you from	someone who has died				

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

■ No

Debtor 1

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Debtor 1 Debtor 2			Case number (if known)	19-23357
☐ Ye	s. Give specific information			
	ns against third parties, whether or not you have filed a law mples: Accidents, employment disputes, insurance claims, or ri		and for payment	
	s. Describe each claim			
■ No		ding counterclaims o	of the debtor and rights to	set off claims
	s. Describe each claim			
35. <b>Any</b> 1 No ■	financial assets you did not already list			
	s. Give specific information			
	d the dollar value of all of your entries from Part 4, includin Part 4. Write that number here			\$0.00
Part 5:	Describe Any Business-Related Property You Own or Have an Inter	est In. List any real esta	ate in Part 1.	
37. <b>Do yo</b>	u own or have any legal or equitable interest in any business-relate	ed property?		
■ No.	Go to Part 6.			
☐ Yes.	Go to line 38.			
46. <b>Do y</b>	Describe Any Farm- and Commercial Fishing-Related Property You f you own or have an interest in farmland, list it in Part 1.  Ou own or have any legal or equitable interest in any farm- lo. Go to Part 7.			
ΠY	es. Go to line 47.			
	<u></u>			
Part 7:	Describe All Property You Own or Have an Interest in That You	u Did Not List Above		
Exai ■ No		?		
⊔ Ye	s. Give specific information			
54. <b>Ad</b>	d the dollar value of all of your entries from Part 7. Write th	at number here		\$0.00
Part 8:	List the Totals of Each Part of this Form			
55. <b>Par</b>	t 1: Total real estate, line 2			\$223,000.00
56. <b>Par</b>	t 2: Total vehicles, line 5	\$23,300.00		
57. <b>Par</b>	t 3: Total personal and household items, line 15	\$13,500.00		
58. <b>Par</b>	t 4: Total financial assets, line 36	\$0.00		
59. <b>Par</b>	t 5: Total business-related property, line 45	\$0.00		
60. <b>Par</b>	t 6: Total farm- and fishing-related property, line 52	\$0.00		
61. <b>Par</b>	t 7: Total other property not listed, line 54 +	\$0.00		
62. <b>Tot</b>	al personal property. Add lines 56 through 61	\$36,800.00	Copy personal property to	stal \$36,800.00
63. <b>Tot</b>	al of all property on Schedule A/B. Add line 55 + line 62			\$259,800.00

Official Form 106A/B Schedule A/B: Property page 6

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			110.5 1 (100. 2) (11. 15.1	
Fill in this infor	mation to identify your	case:		
Debtor 1	Robert A. Wade			
	First Name	Middle Name	Last Name	
Debtor 2	Melissa K. Wade			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT (	OF PENNSYLVANIA	
Case number	19-23357			
(if known)				☐ Check if this is an amended filing

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify the	<b>Property You</b>	Claim as	Exemp
Part 1:	Identify the	<b>Property You</b>	Claim as	Exem

Pa	rt 1: Identify the Property You Claim as E	xempt										
1.	Which set of exemptions are you claiming	? Check one only, eve	n if yo	our spouse is filing with you.								
	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)											
	■ You are claiming federal exemptions. 11 l	J.S.C. § 522(b)(2)										
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.											
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption							
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.								
	1484 Gabby Avenue Washington, PA	\$223,000.00		\$32,000.00	11 U.S.C. § 522(d)(1)							
	15301 Washington County Debtors acquired the property by deed in 11/2014. Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit								
	2004 Nissan Sentra 105,000 miles	\$1,500.00		\$1,500.00	11 U.S.C. § 522(d)(2)							
	Location: 1484 Gabby Avenue, Washington PA 15301 Value determined by N.A.D.A. listing Line from Schedule A/B: 3.3			100% of fair market value, up to any applicable statutory limit								
	Normal household goods and furnishings	\$6,000.00		\$6,000.00	11 U.S.C. § 522(d)(3)							
	Summary available upon request Location: 1484 Gabby Avenue, Washington PA 15301 Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit								
	Electronics	\$2,000.00		\$2,000.00	11 U.S.C. § 522(d)(3)							
	Summary available upon request Location: 1484 Gabby Avenue, Washington PA 15301 Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit								

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De	ebtor 2 Melissa K. Wade			Case number (if known)	19-23357		
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption		
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.			
	Clothing Location: 1484 Gabby Avenue,	\$500.00	•	\$500.00	11 U.S.C. § 522(d)(3)		
	Washington PA 15301 Line from <i>Schedule A/B</i> : 11.1			100% of fair market value, up to any applicable statutory limit			
	Jewelry Location: 1484 Gabby Avenue,	\$5,000.00		\$1,600.00	11 U.S.C. § 522(d)(4)		
	Washington PA 15301 Line from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit			
	Jewelry Location: 1484 Gabby Avenue,	\$5,000.00		\$3,400.00	11 U.S.C. § 522(d)(5)		
	Washington PA 15301 Line from <i>Schedule A/B</i> : 12.1			100% of fair market value, up to any applicable statutory limit			
	Colonial Penn Term Life Insurance	\$0.00		Unknown	11 U.S.C. § 522(d)(7)		
	Beneficiary: Spouse Line from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit			
	Colonial Penn Term Life Insurance	\$0.00		Unknown	11 U.S.C. § 522(d)(7)		
	Beneficiary: Debtor 1 Line from <i>Schedule A/B</i> : 31.2			100% of fair market value, up to any applicable statutory limit			
	Term Life Policy Beneficiary: Spouse	\$0.00		Unknown	11 U.S.C. § 522(d)(8)		
	Line from Schedule A/B: 31.3			100% of fair market value, up to any applicable statutory limit			
3.	. Are you claiming a homestead exempti (Subject to adjustment on 4/01/22 and eve			led on or after the date of adjustmen	t.)		
	■ No						
	☐ Yes. Did you acquire the property co	vered by the exemption w	ithin 1	,215 days before you filed this case?	?		
	□ No						
	☐ Yes						

	Case 19-2335	)/-IP/		u 08/28/19 - E les - Page 11	of 55	.9 10.19.47 L	esc
Fill i	n this information to ident	ify your					
Debt	tor 1 Robert A.	Wade					
	First Name		Middle Name	Last Name			
Debt		. Wade					
(Spou	se if, filing) First Name		Middle Name	Last Name			
Unite	ed States Bankruptcy Court	for the:	WESTERN DISTRICT C	F PENNSYLVANIA			
Case (if kno	e number <u>19-23357</u> wn)					_	if this is an led filing
	cial Form 106D hedule D: Credi	tors '	Who Have Clai	ms Secured	d by Property	/	12/15
is nee numb	complete and accurate as po deded, copy the Additional Page er (if known).	e, fill it ou	t, number the entries, and at				
	any creditors have claims sec						
L	☐ No. Check this box and s	ubmit this	s form to the court with you	r other schedules. Yo	ou have nothing else to	report on this form.	
	Yes. Fill in all of the inform	mation be	elow.				
Part	1: List All Secured Clai	ms					
2. Lis	st all secured claims. If a credit	tor has mo	ore than one secured claim, list	the creditor separately	Column A	Column B	Column C
	ach claim. If more than one cred as possible, list the claims in al				Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1	Ford Motor Credit Company	ı	Describe the property that se	ecures the claim:	\$16,304.00	\$11,650.00	\$4,654.00
	Creditor's Name		2017 Ford Escape 45,0 Monthly payment \$340				
	PO Box 105704 Atlanta, GA 30348	;	As of the date you file, the clapply.  ☐ Contingent	aim is: Check all that			
	Number, Street, City, State & Zip Co		Unliquidated				
Who	owes the debt? Check one.		☐ Disputed <b>Nature of lien.</b> Check all that	apply.			
_	ebtor 1 only		☐ An agreement you made (s		cured		
_	ebtor 2 only		car loan)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
_	ebtor 1 and Debtor 2 only		Statutory lien (such as tax li	ien. mechanic's lien)			
_	t least one of the debtors and ar		☐ Judgment lien from a lawsu				

**Security Agreement** 

3645

 $\square$  Check if this claim relates to a

Date debt was incurred 7/2018

community debt

Other (including a right to offset)

Last 4 digits of account number

#### Case 19-23357-TPA Doc 7-1 Filed 08/28/19 Entered 08/28/19 16:19:47 Desc Schedules Page 12 of 55

Debtor 1 Robert A. Wade		Case number (if known)	19-23357	
First Name Middle N	ame Last Name			
Debtor 2 Melissa K. Wade  First Name Middle N	ame Last Name			
riist Name - Middle N	ame Last Name			
Ford Motor Credit				
Company	Describe the property that secures the cla	aim: \$14,683.00	\$10,150.00	\$4,533.00
Creditor's Name	2018 Ford Focus 2,500 miles			
	Monthly payment \$340.00 at 8.9%	<b>%</b>		
PO Box 105704	As of the date you file, the claim is: Check	all that		
Atlanta, GA 30348	apply.			
Number, Street, City, State & Zip Code	☐ Contingent☐ Unliquidated			
Number, Street, Oily, State & Zip Gode	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortga	age or secured		
Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic	s's lien)		
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit	,		
☐ Check if this claim relates to a	■ Other (including a right to offset) Sec	urity Agreement		
community debt				
Date debt was incurred 7/2018	Last 4 digits of account number	0425		
2.3 Shellpoint Mortgage	Describe the property that secures the cla	aim: \$191,000.00	\$223,000.00	\$0.00
2.3 Shellpoint Mortgage Servicing Creditor's Name	Describe the property that secures the class 1484 Gabby Avenue Washington		\$223,000.00	\$0.00
Servicing	Describe the property that secures the classification 1484 Gabby Avenue Washington PA 15301		\$223,000.00	\$0.00
Servicing	1484 Gabby Avenue Washington PA 15301 Monthly payment \$1,750.00.	1,	\$223,000.00	\$0.00
Servicing	1484 Gabby Avenue Washington PA 15301 Monthly payment \$1,750.00. As of the date you file, the claim is: Check	1,	\$223,000.00	\$0.00
Creditor's Name	1484 Gabby Avenue Washington PA 15301 Monthly payment \$1,750.00. As of the date you file, the claim is: Check apply.	1,	\$223,000.00	\$0.00
Creditor's Name  PO Box 619063	1484 Gabby Avenue Washington PA 15301 Monthly payment \$1,750.00. As of the date you file, the claim is: Check	1,	\$223,000.00	\$0.00
PO Box 619063 Dallas, TX 75261-9063	1484 Gabby Avenue Washington PA 15301  Monthly payment \$1,750.00.  As of the date you file, the claim is: Check apply.  Contingent	1,	\$223,000.00	\$0.00
PO Box 619063 Dallas, TX 75261-9063	1484 Gabby Avenue Washington PA 15301 Monthly payment \$1,750.00. As of the date you file, the claim is: Check apply.  Contingent Unliquidated	1,	\$223,000.00	\$0.00
PO Box 619063 Dallas, TX 75261-9063 Number, Street, City, State & Zip Code	1484 Gabby Avenue Washington PA 15301 Monthly payment \$1,750.00. As of the date you file, the claim is: Check apply.  ☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as mortgate)	all that	\$223,000.00	\$0.00
PO Box 619063 Dallas, TX 75261-9063 Number, Street, City, State & Zip Code  Who owes the debt? Check one.	1484 Gabby Avenue Washington PA 15301 Monthly payment \$1,750.00. As of the date you file, the claim is: Check apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.	all that	\$223,000.00	\$0.00
PO Box 619063 Dallas, TX 75261-9063 Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only	1484 Gabby Avenue Washington PA 15301 Monthly payment \$1,750.00. As of the date you file, the claim is: Check apply.  ☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as mortgate)	all that	\$223,000.00	\$0.00
PO Box 619063 Dallas, TX 75261-9063 Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only	1484 Gabby Avenue Washington PA 15301 Monthly payment \$1,750.00. As of the date you file, the claim is: Check apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgater car loan)	all that	\$223,000.00	\$0.00
PO Box 619063 Dallas, TX 75261-9063 Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	1484 Gabby Avenue Washington PA 15301 Monthly payment \$1,750.00. As of the date you file, the claim is: Check apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortga car loan)  Statutory lien (such as tax lien, mechanic) Judgment lien from a lawsuit	all that	\$223,000.00	\$0.00
PO Box 619063 Dallas, TX 75261-9063 Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a	1484 Gabby Avenue Washington PA 15301 Monthly payment \$1,750.00. As of the date you file, the claim is: Check apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortga car loan)  Statutory lien (such as tax lien, mechanic) Judgment lien from a lawsuit	all that age or secured 's lien)	\$223,000.00	\$0.00
PO Box 619063 Dallas, TX 75261-9063 Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	1484 Gabby Avenue Washington PA 15301  Monthly payment \$1,750.00.  As of the date you file, the claim is: Check apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgater car loan)  Statutory lien (such as tax lien, mechanical Judgment lien from a lawsuit  Other (including a right to offset)	all that age or secured 's lien)	\$223,000.00	\$0.00
PO Box 619063 Dallas, TX 75261-9063 Number, Street, City, State & Zip Code  Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Date debt was incurred 2014	1484 Gabby Avenue Washington PA 15301  Monthly payment \$1,750.00.  As of the date you file, the claim is: Check apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgater car loan)  Statutory lien (such as tax lien, mechanical Judgment lien from a lawsuit  Other (including a right to offset)	all that age or secured 's lien)		\$0.00
PO Box 619063 Dallas, TX 75261-9063 Number, Street, City, State & Zip Code  Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Date debt was incurred 2014	1484 Gabby Avenue Washington PA 15301  Monthly payment \$1,750.00.  As of the date you file, the claim is: Check apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgacar loan)  Statutory lien (such as tax lien, mechanic Judgment lien from a lawsuit Other (including a right to offset)  Last 4 digits of account number	all that age or secured 's lien)	.00	\$0.00

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Case 19-23357-TPA Doc 7-1 Filed 08/28/19 Entered 08/28/19 16:19:47 Schedules Page 13 of 55 Fill in this information to identify your case: Debtor 1 Robert A. Wade First Name Middle Name Last Name Debtor 2 Melissa K. Wade Middle Name Last Name (Spouse if, filing) First Name WESTERN DISTRICT OF PENNSYLVANIA United States Bankruptcy Court for the: Case number 19-23357 (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? ■ No. Go to Part 2. Yes. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) **Total claim Priority** Nonpriority amount amount 2.1 **Internal Revenue Service** Last 4 digits of account number 0601 \$0.00 \$1,768.00 \$1,768.00 Priority Creditor's Name PO Box 7346 When was the debt incurred? 2018

As of the date you file, the claim is: Check all that apply

■ Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were intoxicated

**Federal Income Tax** 

☐ Contingent

■ Unliquidated

Other. Specify

Type of PRIORITY unsecured claim:

■ Domestic support obligations

☐ Disputed

Philadelphia, PA 19101-7346 Number Street City State Zip Code

Who incurred the debt? Check one.

□ At least one of the debtors and another□ Check if this claim is for a community debt

■ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

Debtor 1 only

Debtor 2 only

■ No

☐ Yes

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Debtor 1 Robert A. Wade Debtor 2 Melissa K. Wade		Case number (if known)	19-23357
PA Department of Revenue	Last 4 digits of account number	\$1,659.00	\$1,659.00 \$0.00
Priority Creditor's Name  Bankruptcy Division  P.O. Box 280946	When was the debt incurred?	2016	-
Harrisburg, PA 17128  Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	☐ Contingent	,	
Debtor 1 only	☐ Unliquidated		
Debtor 2 only	☐ Disputed		
■ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	im:	
☐ At least one of the debtors and another	☐ Domestic support obligations		
☐ Check if this claim is for a community debt	Taxes and certain other debts	you owe the government	
Is the claim subject to offset?	☐ Claims for death or personal in	<del>-</del>	
■ No	Other. Specify		
Yes	State Inco	me Taxes	
<ul> <li>Yes.</li> <li>List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the other Part 2.</li> </ul>	claim. For each claim listed, identify w	nat type of claim it is. Do not list cl	aims already included in Part 1. If more
			Total claim
4.1 Amazon	Last 4 digits of account numb	er <u>5837</u>	\$1,300.00
Nonpriority Creditor's Name c/o Synchrony Bank PO Box 960013 Orlando, FL 32896-0013	When was the debt incurred?	4-2016	
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the cla	im is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsec	ured claim:	
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a s	eparation agreement or divorce the	nat you did not
Is the claim subject to offset?	report as priority claims	agreement of divolve ti	, == , = = 0.00
■ No	Debts to pension or profit-sh	aring plans, and other similar deb	ts
☐ Yes	■ Other. Specify Supplies	ard used for Household l	ltems &

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Debtor 1 Robert A. Wade 19-23357 Debtor 2 Melissa K. Wade Case number (if known) 4.2 Last 4 digits of account number 4979 \$4,162.00 Amazon Nonpriority Creditor's Name c/o Synchrony Bank When was the debt incurred? PO Box 960013 Orlando, FL 32896-0013 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Credit Card used for Household Items & ■ Other. Specify Supplies ☐ Yes 4.3 **Bank of America** Last 4 digits of account number 6542 \$2,549.00 Nonpriority Creditor's Name Opened 11/15 Last Active Po Box 982238 When was the debt incurred? 7/20/18 El Paso, TX 79998 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $oxed{\square}$  Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset?  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No Credit Card used for household expenses, ☐ Yes ■ Other. Specify clothing, food, gasoline, and utilities 4.4 **Barclays Delaware** Last 4 digits of account number 5841 \$1,225.00 Nonpriority Creditor's Name PO Box 13337 When was the debt incurred? 11-2014 Philadelphia, PA 19101-3337 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No Charge used for clothing, food, household Other. Specify items and other debts. ☐ Yes

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Debtor 1 Robert A. Wade 19-23357 Debtor 2 Melissa K. Wade Case number (if known) \$2,000.00 4.5 **Best Buy Credit Services** Last 4 digits of account number 9595 Nonpriority Creditor's Name PO Box 78009 When was the debt incurred? 6-2017 Phoenix, AZ 85062-8009 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Household item electrontics ☐ Yes **Best Buy Credit Services** \$2,442.00 4.6 Last 4 digits of account number 6688 Nonpriority Creditor's Name PO Box 78009 When was the debt incurred? 11-2012 Phoenix, AZ 85062-8009 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Household item electrontics ☐ Yes 4.7 \$3,450.00 **Capital One** 7848 Last 4 digits of account number Nonpriority Creditor's Name PO Box 71083 When was the debt incurred? 4-2011 Charlotte, NC 28272-1083 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Charge used for clothing, food, household Other. Specify items and other debts. ☐ Yes

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Debtor 1 Robert A. Wade 19-23357 Debtor 2 Melissa K. Wade Case number (if known) \$750.00 4.8 **Capital One** Last 4 digits of account number 3792 Nonpriority Creditor's Name PO Box 71083 When was the debt incurred? 12-2014 Charlotte, NC 28272-1083 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Charge used for clothing, food, household Other. Specify items and other debts. ☐ Yes 4.9 **Capital One** Last 4 digits of account number 2437 \$2,100.00 Nonpriority Creditor's Name PO Box 71083 When was the debt incurred? 5-2012 Charlotte, NC 28272-1083 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts Charge used for clothing, food, household Other. Specify items and other debts. ☐ Yes 4.1 Capital One 0818 \$7,600.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 71083 When was the debt incurred? 11-2015 Charlotte, NC 28272-1083 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No Charge used for clothing, food, household Other. Specify items and other debts. ☐ Yes

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19-23357 Debtor 2 Melissa K. Wade Case number (if known) 4.1 3141 **Card Member Service** \$975.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 1423 When was the debt incurred? 1-2016 Charlotte, NC 28201-1423 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Charge card used for clothing and ☐ Yes Other. Specify household goods 4.1 **Card Member Service** \$455.00 8643 Last 4 digits of account number Nonpriority Creditor's Name PO Box 14223 When was the debt incurred? 11-2015 Charlotte, NC 28201-1423 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not debt report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts Charge used for clothing, food, household ☐ Yes Other. Specify items and other debts. 4.1 **Chase Card Services** 8643 \$797.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 11/15 Last Active Po Box 15369 When was the debt incurred? 7/06/18 Wilmington, DE 19850 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Credit Card used for household expenses, ☐ Yes Other. Specify clothing, food, gasoline, and utilities

Debtor 1 Robert A. Wade

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Debtor 1 Robert A. Wade 19-23357 Debtor 2 Melissa K. Wade Case number (if known) 4.1 0008 **Chrome FCU** \$9,090.00 Last 4 digits of account number 4 Nonpriority Creditor's Name PO Box 658 When was the debt incurred? 10-2017 Canonsburg, PA 15317 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Charge used for clothing, food, household ☐ Yes Other. Specify items and other debts. 4.1 **Chrome FCU** 5900 \$5,000.00 Last 4 digits of account number Nonpriority Creditor's Name **PO Box 658** When was the debt incurred? 11-2014 Canonsburg, PA 15317 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not debt report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts Charge used for clothing, food, household ☐ Yes Other. Specify items and other debts. 4.1 **Discover Bank** 8323 \$1,650.00 Last 4 digits of account number 6 Nonpriority Creditor's Name PO Box 742655 When was the debt incurred? 6-2017 Cincinnati, OH 45274-2655 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No Charge used for clothing, food, household ☐ Yes Other Specify items and other debts.

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Debtor 1 Robert A. Wade 19-23357 Debtor 2 Melissa K. Wade Case number (if known) 4.1 **Discover Bank** 1442 \$1,100.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 742655 When was the debt incurred? 8-2011 Cincinnati, OH 45274-2655 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Charge used for clothing, food, household Other. Specify ☐ Yes items and other debts. 4.1 **Home Depot Credit Services** \$4,810.00 8774 Last 4 digits of account number Nonpriority Creditor's Name PO Box 9001010 When was the debt incurred? 11-2015 Louisville, KY 40290-1010 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated ■ Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not debt report as priority claims Is the claim subject to offset? ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Home Repairs & Maintenance ☐ Yes 4.1 **JC Penney** 5285 \$2,600.00 Last 4 digits of account number Nonpriority Creditor's Name c/o Synchrony Bank When was the debt incurred? 8-2011 PO Box 960090 Orlando, FL 32896-0090 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Charge card used for clothing and Other Specify household goods ☐ Yes

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Debtor 1 Robert A. Wade 19-23357 Debtor 2 Melissa K. Wade Case number (if known) 4.2 Legendary Pine MC 5389 \$2,210.00 Last 4 digits of account number 0 Nonpriority Creditor's Name c/o Comenity Bank When was the debt incurred? 5-2012 PO Box 659569 San Antonio, TX 78265-9569 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Car repairs, food, clothing, gasoline and ☐ Yes Other. Specify payment of other bills and debts. 4.2 **Lendmark Financial Services** 1696 \$5,500.00 Last 4 digits of account number Nonpriority Creditor's Name 12 A Old Mill Blvd When was the debt incurred? 2-2018 Washington, PA 15301 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Consolidation loan 4.2 \$6,395.00 Lowes Last 4 digits of account number 1916 Nonpriority Creditor's Name c/o Synchrony Bank When was the debt incurred? 8-2011 PO Box 530914 Atlanta, GA 30353-0914 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Home Repairs & Maintenance ☐ Yes

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Debtor 1 Robert A. Wade 19-23357 Debtor 2 Melissa K. Wade Case number (if known) 4.2 5020 \$1,775.00 Macys Last 4 digits of account number 3 Nonpriority Creditor's Name PO Box 8218 When was the debt incurred? 8-2011 Mason, OH 45040 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Charge card used for clothing and Other. Specify ☐ Yes household goods 4.2 **Mariner Finance** \$3,200.00 5423 Last 4 digits of account number Nonpriority Creditor's Name 8211 Town Center Dr When was the debt incurred? 6-2018 Nottingham, MD 21236 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not debt report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Home Repairs & Maintenance ☐ Yes 4.2 One Main Financial 6174 \$11,000.00 Last 4 digits of account number Nonpriority Creditor's Name 170 Greene Plz When was the debt incurred? 1-2018 Waynesburg, PA 15370-8142 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Home Repairs & Maintenance ☐ Yes

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Debtor 1 Robert A. Wade 19-23357 Debtor 2 Melissa K. Wade Case number (if known) 4.2 **Paypal Credit** 0321 \$5,000.00 Last 4 digits of account number 6 Nonpriority Creditor's Name PO Box 71202 When was the debt incurred? Charlotte, NC 28272-1202 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Car repairs, food, clothing, gasoline and ☐ Yes Other. Specify payment of other bills and debts. 4.2 1146 Portfolio Recovery \$5,324.00 Last 4 digits of account number Nonpriority Creditor's Name 150 Corporate Blvd When was the debt incurred? **Opened 02/19** Norfolk, VA 23502 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not debt report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts **Factoring Company Account Synchrony** ☐ Yes Other. Specify Bank 4.2 7979 \$3,664.00 Portfolio Recovery Last 4 digits of account number 8 Nonpriority Creditor's Name 150 Corporate Blvd When was the debt incurred? **Opened 02/19** Norfolk, VA 23502 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No **Factoring Company Account Synchrony** Other. Specify Bank ☐ Yes

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Debtor 1 Robert A. Wade 19-23357 Debtor 2 Melissa K. Wade Case number (if known) 4.2 6598 **Portfolio Recovery** \$691.00 Last 4 digits of account number 9 Nonpriority Creditor's Name 150 Corporate Blvd When was the debt incurred? **Opened 03/19** Norfolk, VA 23502 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts **Factoring Company Account Synchrony** Other. Specify ☐ Yes 4.3 **Premiere Bank Card** \$975.00 5347 Last 4 digits of account number Nonpriority Creditor's Name 3820 North Louis Ave When was the debt incurred? 4-2013 Sioux Falls, SD 57107-0145 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated ■ Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not debt report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts Car repairs, food, clothing, gasoline and ☐ Yes Other. Specify payment of other bills and debts. 4.3 Sam's Club 3922 \$1,115.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 530942 4-2016 When was the debt incurred? Atlanta, GA 30353 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Credit Card used for Household Items & Other. Specify Supplies ☐ Yes

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Debtor 1 Robert A. Wade 19-23357 Debtor 2 Melissa K. Wade Case number (if known) 4.3 9803 Synchrony Bank Unknown Last 4 digits of account number 2 Nonpriority Creditor's Name PO Box 960061 When was the debt incurred? 11-2014 Orlando, FL 32896-0061 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Furniture 4.3 Synchrony Bank 2701 \$350.00 Last 4 digits of account number 3 Nonpriority Creditor's Name PO Box 960061 11-2014 When was the debt incurred? Orlando, FL 32896-0061 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Other. Specify Furniture ☐ Yes 4.3 Synchrony Bank 1146 \$4,605.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 960061 When was the debt incurred? 12-2014 Orlando, FL 32896-0061 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $oxed{\square}$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Dentist ☐ Yes

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Debtor 1 Robert A. Wade 19-23357 Debtor 2 Melissa K. Wade Case number (if known) 4.3 6598 Synchrony Bank \$400.00 Last 4 digits of account number 5 Nonpriority Creditor's Name PO Box 960061 When was the debt incurred? 12-2014 Orlando, FL 32896-0061 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Dentist 4.3 Synchrony Bank/ SR 7551 \$975.00 Last 4 digits of account number 6 Nonpriority Creditor's Name PO Box 530916 7-2016 When was the debt incurred? Atlanta, GA 30353-0916 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset?  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No Charge card used for clothing and ☐ Yes Other. Specify household goods 4.3 **Target Card Services** 5397 \$600.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 660170 When was the debt incurred? 5-2015 Dallas, TX 75266-0170 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No Charge card used for clothing and Other Specify household goods ☐ Yes

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Debtor 1 Robert A. Wade 19-23357 Debtor 2 Melissa K. Wade Case number (if known) 4.3 **Target Card Services** 2123 \$1,840.00 Last 4 digits of account number 8 Nonpriority Creditor's Name PO Box 660170 When was the debt incurred? 11-2014 Dallas, TX 75266-0170 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Charge card used for clothing and ☐ Yes Other. Specify household goods 4.3 \$2,910.00 The Home Depot 5377 Last 4 digits of account number Nonpriority Creditor's Name c/o CBNA When was the debt incurred? 11-2015 PO Box 6497 Sioux Falls, SD 57117 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Home Repairs & Maintenance 4.4 **TJX Rewards** 1500 \$101.76 Last 4 digits of account number Nonpriority Creditor's Name c/o Synchrony Bank When was the debt incurred? 2-2018 PO Box 530948 Atlanta, GA 30353-0948 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Charge card used for clothing and ☐ Yes Other. Specify household goods

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Debtor 1 Robert A. Wade 19-23357 Debtor 2 Melissa K. Wade Case number (if known) 4.4 5010 **US Small Business Administration** \$32,550.38 Last 4 digits of account number Nonpriority Creditor's Name 409 3rd St, SW When was the debt incurred? 10/2017 Washington, DC 20416 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Unsecured Loan 4.4 Walmart 7979 \$3,000.00 Last 4 digits of account number Nonpriority Creditor's Name c/o Synchrony Bank 11-2015 When was the debt incurred? PO Box 530927 Atlanta, GA 30353-0927 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Charge card used for clothing and ☐ Yes Other. Specify household goods 4.4 Walmart 1037 \$3,781.00 Last 4 digits of account number Nonpriority Creditor's Name c/o Synchrony Bank When was the debt incurred? 11-2012 PO Box 530927 Atlanta, GA 30353-0927 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts Charge used for clothing, food, household ☐ Yes Other. Specify items and other debts.

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Debtor	2 Melissa K. Wade		Case number (if known)	19-23357					
4.4	Washington Hospital	Last 4 digits of account number	9535		\$2,210.48				
4	Nonpriority Creditor's Name 155 Wilson Avenue Attn: Billing	When was the debt incurred?			Ψ2,210.40				
	Washington, PA 15301  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply						
	■ Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not					
	■ No	Debts to pension or profit-sharing	ng plans, and other similar de	bts					
	Yes	■ Other. Specify Medical se	rvices		-				
4.4	Wells Fargo Bank NA	Last 4 digits of account number	9755		\$1,999.00				
	Nonpriority Creditor's Name			A					
	Po Box 14517 Des Moines, IA 50306	When was the debt incurred?	Opened 01/18 Last 7/09/18	Active					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply							
	☐ Debtor 1 only	☐ Contingent							
	■ Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	ed claim:							
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not					
	No	Debts to pension or profit-shari	ng plans, and other similar de	bts					
	Yes	Other. Specify Charge Ac	count						
Part 3:									
is tryii have i	is page only if you have others to be notified a ng to collect from you for a debt you owe to so nore than one creditor for any of the debts tha ed for any debts in Parts 1 or 2, do not fill out o	omeone else, list the original creditor in t you listed in Parts 1 or 2, list the add	n Parts 1 or 2, then list the c	collection agency	here. Similarly, if you				
		On which entry in Part 1 or Part 2 did you	_ ~						
	Savarese Circle	<del></del> '	Part 1: Creditors with Priori	•					
FI1-90	8-01-50	_	Part 2: Creditors with Nonp	riority Unsecured	Claims				
Tampa	a, FL 33634	Last 4 digits of account number							
Name a	nd Address	On which entry in Part 1 or Part 2 did you	u list the original creditor?						
		Line <u>4.13</u> of ( <i>Check one</i> ):	Part 1: Creditors with Priori	ty Unsecured Clai	ms				
	3ankruptcy x 15298		Part 2: Creditors with Nonp	riority Unsecured	Claims				
	ngton, DE 19850	Last 4 digits of account number	pet 4 digite of account number						
		On which entry in Part 1 or Part 2 did you	_						
	iain Financiai W 2nd Street	· · · · · · · · · · · · · · · · · · ·	Part 1: Creditors with Priori	•					
	Bankruptcy		Part 2: Creditors with Nonp	riority Unsecured	Ciaims				
<b>Evans</b>	ville, IN 47708-1013								

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Debtor 1 Robert A. Wade Debtor 2 Melissa K. Wade		Case number (if known)	19-23357
	Last 4 digits of account number		
Name and Address OneMain Financial Po Box 1010	On which entry in Part 1 or Part 2 did Line 4.25 of (Check one):	you list the original creditor?  Part 1: Creditors with Priorit  Part 2: Creditors with Nonpri	
Evansville, IN 47706	Last 4 digits of account number	Part 2: Creditors with Nonpi	iority Unsecured Claims
Name and Address Patenaude & Felix, A.P.C. 501 Corporate Drive Southpointe Center Suite 205 Attn: Gregg Lawrence Morris, Esq.	On which entry in Part 1 or Part 2 did Line 4.38 of ( <i>Check one</i> ):	you list the original creditor?  Part 1: Creditors with Priorit  Part 2: Creditors with Nonpo	
Canonsburg, PA 15317	Last 4 digits of account number		
Name and Address PennCredit Corporation 916 S 14th St. PO Box 988 Harrisburg, PA 17108-0988	On which entry in Part 1 or Part 2 did Line <b>2.2</b> of ( <i>Check one</i> ):  Last 4 digits of account number	you list the original creditor?  Part 1: Creditors with Priorit  Part 2: Creditors with Nonpo	=
Name and Address Portfolio Recovery Attn: Bankruptcy 120 Corporate Blvd Norfold, VA 23502	On which entry in Part 1 or Part 2 did Line 4.27 of (Check one):  Last 4 digits of account number	you list the original creditor?  Part 1: Creditors with Priorit  Part 2: Creditors with Nonpo	•
Name and Address Portfolio Recovery Attn: Bankruptcy 120 Corporate Blvd Norfold, VA 23502	On which entry in Part 1 or Part 2 did Line 4.29 of (Check one):	you list the original creditor?  Part 1: Creditors with Priorit  Part 2: Creditors with Nonpo	
Name and Address Transworld Systems Inc. 500 Virginia Drive, Suite 514 Fort Washington, PA 19034	On which entry in Part 1 or Part 2 did Line 4.41 of (Check one):  Last 4 digits of account number	you list the original creditor?  Part 1: Creditors with Priorit  Part 2: Creditors with Nonpo	•
Name and Address U.S. Department of the Treasury 3700 East West Highway Hyattsville, MD 20782	On which entry in Part 1 or Part 2 did Line 4.41 of (Check one):  Last 4 digits of account number	you list the original creditor?  Part 1: Creditors with Priorit  Part 2: Creditors with Nonpri	
Name and Address U.S. Department of the Treasury Attn: Bankruptcy 1500 Pennsylvania Avenue, Nw Washington, DC 20220	On which entry in Part 1 or Part 2 did Line 4.41 of (Check one):	you list the original creditor?  Part 1: Creditors with Priorit  Part 2: Creditors with Nonpo	-
Name and Address US Small Business Administration 1441 L Street Nw Washington, DC 20416	On which entry in Part 1 or Part 2 did Line 4.41 of (Check one):  Last 4 digits of account number	you list the original creditor?  Part 1: Creditors with Priorit  Part 2: Creditors with Nonpri	
Name and Address Washington Hospital PO Box 16243 Pittsburgh, PA 15242-0243	On which entry in Part 1 or Part 2 did Line <b>4.44</b> of ( <i>Check one</i> ):  Last 4 digits of account number	you list the original creditor?  Part 1: Creditors with Priorit  Part 2: Creditors with Nonpo	

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Debtor 1 Robert A. Wade Debtor 2 Melissa K. Wade

Case number (if known)

19-23357

Name and Address

Weltman Weinberg & Reis Co LPA

436 7th Avenue Suite 2500

Attn: Matthew Weston Pomy, Esq. Pittsburgh, PA 15219

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (*Check one*):

☐ Part 1: Creditors with Priority Unsecured Claims

■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
Total	6a.	Domestic support obligations	6a.	\$ 0.00
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 3,427.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 3,427.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 156,226.62
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 156,226.62

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			11) 1 (11.11. 17. 17. 17. 17. 17. 17. 17. 17. 1	
Fill in this infor	mation to identify your	case:		
Debtor 1	Robert A. Wade			
	First Name	Middle Name	Last Name	
Debtor 2	Melissa K. Wade			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT O	OF PENNSYLVANIA	
Case number	19-23357			
(if known)		_		☐ Check if this is an amended filing

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company wi	th whom you have the cober, Street, City, State and ZIP Co	ontract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	

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	0000 10 20001 11	Sched	ules Page 33 of	55	50
Fill in this	information to identify your				
Debtor 1	Robert A. Wade				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filir	Melissa K. Wade	Middle Name	Last Name		
	3,				
United Sta	tes Bankruptcy Court for the:	WESTERN DISTRICT	OF PENNSYLVANIA		
Case num	ber <b>19-23357</b>				
(if known)				☐ Check if the	
				amended	filing
Officia	l Form 106H				
	lule H: Your Cod	lobtors			40/45
Scried	iule II. Toul Cou	EDIOI 2			12/15
ill it out, a our name	nd number the entries in the and case number (if known	boxes on the left. Attac ). Answer every question	ch the Additional Page to n.	on. If more space is needed, copy the Ado this page. On the top of any Additional P	
1. Do	you have any codebtors? (If	you are filing a joint case	, ao not list either spouse	as a codebtor.	
■ No					
☐ Yes	3				
	hin the last 8 years, have you a, California, Idaho, Louisiana			1? (Community property states and territories ngton, and Wisconsin.)	include
	Go to line 3. s. Did your spouse, former spo	use, or legal equivalent li	ve with you at the time?		
in line Form	2 again as a codebtor only	if that person is a guara	ntor or cosigner. Make s	if your spouse is filing with you. List the part on Sched the creditor on Sched (GG). Use Schedule D, Schedule E/F, or Sch	lule D (Official
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IIP Code		Column 2: The creditor to whom you conclude the check all schedules that apply:	we the debt
3.1				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
-	Number Street			_	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
-	Number Street			_	
	City	State	ZIP Code		

## Case 19-23357-TPA Doc 7-1 Filed 08/28/19 Entered 08/28/19 16:19:47 Desc Schedules Page 34 of 55

Fill	in this information to	identify your ca	ase:						
Del	btor 1	Robert A. W	ade						
1	btor 2 buse, if filing)	Melissa K. V	Vade						
Uni	ited States Bankrupto	cy Court for the	: WESTERN DISTRICT	Γ OF PEN	INSYLVANIA				
Ca	se number 19-2	23357				Chec	ck if this is:		
(If kı	nown)			-			An amende	d filing	
									g postpetition chapter ollowing date:
0	fficial Form	<u> 1061</u>				Ī	MM / DD/ Y	YYY	
S	chedule I: \	our Inc	ome						12/15
	<u> </u>	Employment	On the top of any additi	- iiai pug	ee, may your name an	5000 11		viiiji A	
١.	information.	ymem		Debto	r 1		Debtor 2	or non-fil	ling spouse
	If you have more th		Employment status	<b>■</b> Em	ployed		■ Emplo	yed	
	attach a separate prinformation about a		Employment status	☐ Not	employed		☐ Not er	nployed	
	employers.		Occupation	Sales			Custom	er Relati	ions
	Include part-time, s self-employed work		Employer's name	Wash	ington Chevrolet		John Si	sson Mo	tors Inc.
	Occupation may in or homemaker, if it		Employer's address		mond Blvd ington, PA 15301			shington gton, PA	Road 15301-2704
			How long employed t	here?	7 months		7	months	
Pai	rt 2: Give Deta	ails About Mor	nthly Income						
	imate monthly incoruse unless you are s		ate you file this form. If	you have	nothing to report for any	line, write	e \$0 in the	space. Inc	slude your non-filing
	ou or your non-filing s e space, attach a sep		ore than one employer, co this form.	ombine th	e information for all emp	loyers for	that perso	n on the lir	nes below. If you need
						For De	btor 1		otor 2 or ng spouse
2.			ry, and commissions (b			3	3,884.00	\$	1,774.00

Official Form 106I Schedule I: Your Income page 1

0.00

1,774.00

0.00

3,884.00

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

3.

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	tor 1 tor 2	Robert A. Wade Melissa K. Wade		(	Case ı	number ( <i>if k</i>	nown)	19-2	3357		
	Con	y line 4 here	4.		For	Debtor 1	4.00		Debtor a-filing s		
	OOP	y line 4 nere	٦.		Ψ_	3,00	4.00	Ψ_		,,,,,,,,,,	<u></u>
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a		\$		6.00	\$		373.00	
	5b.	Mandatory contributions for retirement plans	5b		\$		0.00	\$_		0.00	_
	5c.	Voluntary contributions for retirement plans	5c		\$		0.00	\$_		0.00	_
	5d. 5e.	Required repayments of retirement fund loans Insurance	5d 5e		\$_ \$		0.00 8.00	\$_ \$		0.00	
	5f.	Domestic support obligations	5f.		<b>\$</b> —		0.00	<b>\$</b> -		0.00	_
	5g.	Union dues	5g		<u> </u>		0.00	\$-		0.00	_
	5h.	Other deductions. Specify:	5h		\$		0.00	+ \$		0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	1,54	4.00	\$		373.00	
7.	Cald	sulate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	2,34	0.00	\$	1,	401.00	)
8.	<b>List</b> 8a. 8b. 8c.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent	8a 8b		\$ \$		0.00 0.00	\$_ \$_		0.00	_
		regularly receive Include alimony, spousal support, child support, maintenance, divorce									
		settlement, and property settlement.	8c		\$	(	0.00	\$		0.00	)
	8d.	Unemployment compensation	8d		\$		0.00	\$		385.66	_
	8e.	Social Security	8e	٠.	\$	-	0.00	\$_		0.00	<u> </u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.		\$		0.00	\$_		0.00	<u>)</u>
	8g.	Pension or retirement income	8g		\$		0.00	\$		0.00	
	8h.	Other monthly income. Specify:	_ 8h	.+	\$		0.00	+ \$_		0.00	<u> </u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	Ç	\$		0.00	\$_		385.6	6
10.	Calc	culate monthly income. Add line 7 + line 9.	10.	\$	•	2,340.00	+ \$	1.7	786.66	= \$	4,126.66
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		_		_,0 10100	] L`-	-,-			.,
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your refriends or relatives. In include any amounts already included in lines 2-10 or amounts that are not sciffy:	depe			•			Schedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines							. 12.	\$Combi	
13.	Doy	ou expect an increase or decrease within the year after you file this form	?							month	ly income
		No.									
		Yes. Explain:									

Official Form 106l Schedule I: Your Income page 2

# Case 19-23357-TPA Doc 7-1 Filed 08/28/19 Entered 08/28/19 16:19:47 Desc Schedules Page 36 of 55

Fill	in this informa	ation to identify yo	our case:						
Deb	otor 1	Robert A. Wade					Check if this is:		
						An amended filing			
	otor 2	Melissa K. W	Vade					pplement showing postpetition chapter xpenses as of the following date:	
(Spouse, if filing)							To expenses de el	and removing date.	
Unit	ed States Bank	ruptcy Court for the	: WESTE	RN DISTRICT OF PENNS	SYLVANIA	-	MM / DD / YYYY		
Cas	e number 1	9-23357							
(If kı	nown)								
$\bigcirc$	fficial Fo	orm 106J							
			Evnor					4044	
Be info nur	as complete ormation. If n mber (if know	nore space is ne vn). Answer eve	s possible. eded, atta ry question	If two married people ar ch another sheet to this					
Par 1.	t 1: Desc Is this a joi	ribe Your House	∌hold						
	□ No. Go t								
	Yes. Does Debtor 2 live in a separate household?								
	•		st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	ehold of Deb	tor 2.		
2. Do you have dependents? $\square$ No									
					Dependent's relationship to		Dependent's	Does dependent	
	Debtor 2.	ebior rand	Yes.	each dependent	Debtor 1 or Debtor 2		age	live with you?	
	Do not otate	, the							
	Do not state the dependents names.				Son		18 Years	■ Yes	
	·							□ No	
								☐ Yes	
								□ No	
								Yes	
								□ No □ Yes	
3.	Do vour ex	penses include		N <sub>-</sub>				□ Yes	
0.	expenses of	of people other to ad your depende	than $\square$	No Yes					
Par	t 2: Estin	nate Your Ongoi	ina Monthl	v Expenses					
Est exp	imate your e	xpenses as of year	our bankru	uptcy filing date unless y y is filed. If this is a supp					
the		h assistance an		government assistance it luded it on <i>Schedule I:</i> )			Your exp	enses	
(011	ilciai i Oilli i	001.)							
4.		or home owners nd any rent for th		ses for your residence. In r lot.	nclude first mortgage	e 4. \$	S	1,990.00	
	If not inclu	ded in line 4:							
	4a. Real	estate taxes				4a. \$	6	0.00	
		erty, homeowner's	s, or renter	's insurance		4b. \$	· -	0.00	
				ıpkeep expenses		4c. \$		100.00	
_		eowner's associat				4d. § 5. §		0.00	
5.	Additional mortgage payments for your residence, such as home equity loans							0.00	

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Debtor 1 Robert A Debtor 2 Melissa	A. Wade K. Wade	Case number (if known)	19-23357
6. Utilities:			
6a. Electricity	r, heat, natural gas	6a. \$	320.00
6b. Water, se	ewer, garbage collection	6b. \$	165.00
6c. Telephon	e, cell phone, Internet, satellite, and cable services	6c. \$	690.00
6d. Other. Sp	ecify:	6d. \$	0.00
. Food and hous	sekeeping supplies	7. \$	750.00
Childcare and	children's education costs	8. \$	0.00
. Clothing, launc	dry, and dry cleaning	9. \$	100.00
D. Personal care	products and services	10. \$	100.00
I. Medical and de	ental expenses	11. \$	180.00
2. Transportation	Include gas, maintenance, bus or train fare.		252.00
Do not include of		12. \$	350.00
	clubs, recreation, newspapers, magazines, and books	13. \$	50.00
	tributions and religious donations	14. \$	0.00
5. Insurance.	and the standard of the second		
15a. Life insur	nsurance deducted from your pay or included in lines 4 or 20.	15a. \$	100.00
15b. Health ins		15b. \$	100.00
		15b. \$ 15c. \$	0.00
15c. Vehicle in		15d. \$	285.00
15d. Other inst	nclude taxes deducted from your pay or included in lines 4 or	·	0.00
Specify:	. , ,	16. \$	0.00
7. Installment or I		17a. \$	0.45.00
	nents for Vehicle 1	- · · · · · · · · · · · · · · · · · · ·	345.00
	nents for Vehicle 2	17b. \$	345.00
17c. Other. Sp	-	17c. \$	0.00
17d. Other. Sp	·	17d. \$	0.00
	s of alimony, maintenance, and support that you did not re your pay on line 5, Schedule I, Your Income (Official Form		0.00
	s you make to support others who do not live with you.	\$	0.00
Specify:	o you make to cappoin outline and not me manyour	19.	0.00
). Other real prop	perty expenses not included in lines 4 or 5 of this form or	on Schedule I: Your Income.	
20a. Mortgage	s on other property	20a. \$	0.00
20b. Real esta	te taxes	20b. \$	0.00
20c. Property,	homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintena	nce, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowr	ner's association or condominium dues	20e. \$	0.00
. Other: Specify:	Pets	21. +\$	50.00
Cigarettes		+\$	180.00
2. Calculate your	monthly expenses		
22a. Add lines 4		\$	6,100.00
	22 (monthly expenses for Debtor 2), if any, from Official Form		,
	2a and 22b. The result is your monthly expenses.	\$	6,100.00
3. Calculate vour	monthly net income.		
-	12 (your combined monthly income) from Schedule I.	23a. \$	4,126.66
	r monthly expenses from line 22c above.	23b\$	6,100.00
200. Oopy you		255. Ψ	0,100.00
23c. Subtract y	your monthly expenses from your monthly income.	222	-1,973.34
The resul	t is your monthly net income.	23c. \[\$	-1,973.34
For example, do y	an increase or decrease in your expenses within the year ou expect to finish paying for your car loan within the year or do you e terms of your mortgage?		rease or decrease because of a
■ No.	Explain here:		

## Case 19-23357-TPA Doc 7-1 Filed 08/28/19 Entered 08/28/19 16:19:47 Desc Schedules Page 38 of 55

Fill in this ii	nformation to identify your	case:				
Debtor 1	Robert A. Wade					
Dahtan 0	First Name	Middle Name	Las	st Name		
Debtor 2 (Spouse if, filing)	Melissa K. Wade	Middle Name	Las	st Name		
	,					
United State	es Bankruptcy Court for the:	WESTERN DISTRICT	OF PENNSY	LVANIA		
Case number	er <b>19-23357</b>					
(if known)						Check if this is an
						amended filing
O#:-:-1 F	400D					
	form 106Dec					
Declar	ration About a	ın Individua	I Debte	or's Sched	dules	12/15
f two marrie	ed people are filing together	, both are equally resp	onsible for s	supplying correct inf	formation.	
You must file	e this form whenever you fi	le hankruntev schedul	es or amenda	ad schadulas Makir	na a false statement ic	oncealing property or
	oney or property by fraud ir					
	th. 18 U.S.C. §§ 152, 1341, 1					•
	Sign Below					
Dist.						
Dia yo	u pay or agree to pay some	one who is NOT an atto	orney to neip	you fill out bankru	ptcy forms?	
■ No	0					
_						
☐ Ye	es. Name of person					Petition Preparer's Notice, Inature (Official Form 119)
					Deciaration, and org	matare (Omeian om 119)
	penalty of perjury, I declare	that I have read the sur	mmary and s	chedules filed with	this declaration and	
tnat tne	ey are true and correct.					
X /s/	Robert A. Wade		Х	/s/ Melissa K. Wa	ade	
	bert A. Wade			Melissa K. Wade		
Sig	nature of Debtor 1			Signature of Debtor	· 2	
Dat	e August 22, 2019			Date August 22	2010	
Dai	~ August ZZ, ZUIJ			August 22	., 2013	

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Fill	in this infor	mation to identify you	· case:			
	tor 1	Robert A. Wade				
		First Name	Middle Name	Last Name		
	tor 2 use if, filing)	Melissa K. Wade		Lost Nomo		
` '	, 0,		Middle Name	Last Name		
Unit	ed States Ba	inkruptcy Court for the:	WESTERN DISTRICT O	F PENNSYLVANIA		
Cas (if kno	_	19-23357				theck if this is an mended filing
Sta Be a	atement	and accurate as possi	ble. If two married people		cankruptcy equally responsible for sup y additional pages, write you	
		n). Answer every ques		tins form. On the top of an	y additional pages, write you	ii name and case
Part			rital Status and Where Yo	u Lived Before		
1.	What is you	r current marital statu	s?			
	■ Married Not ma					
2.	During the	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. Li:	st all of the places you li	ved in the last 3 years. Do r	not include where you live nov	<i>ı</i> .	
	Debtor 1 P	rior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	ldress:	Dates Debtor 2 lived there
					ity property state or territory ico, Texas, Washington and W	
	■ No □ Yes. M	ake sure you fill out <i>Sch</i>	nedule H: Your Codebtors (C	Official Form 106H).		
Part	Expla	in the Sources of You	r Income			
	Fill in the tot	al amount of income yo	u received from all jobs and	ng a business during this yeall businesses, including partive together, list it only once un		ndar years?
	□ No ■ Yes. Fi	ll in the details.				
			Debtor 1		Dobtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until ed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$23,307.00	■ Wages, commissions, bonuses, tips	\$10,646.00
			☐ Operating a business		☐ Operating a business	

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Robert A. Wade Debtor 1 Melissa K. Wade 19-23357 Case number (if known) Debtor 2 Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** (before deductions and Check all that apply. Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$127,403.00 \$12,048.00 Wages, commissions, Wages, commissions, (January 1 to December 31, 2018) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business \$0.00 \$8,293.00 ☐ Wages, commissions, Wages, commissions. bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$132,899.00 \$6,553.00 Wages, commissions, Wages, commissions, (January 1 to December 31, 2017) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business \$0.00 \$15,657.00 □ Wages, commissions. Wages, commissions, bonuses, tips bonuses, tips □ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. ☐ No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) For last calendar year: \$0.00 Unemployment \$2,574.00 (January 1 to December 31, 2018) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

□ No. Go to line 7.

■ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

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Schedules Page 41 of 55 Debtor 1 Robert A. Wade Debtor 2 19-23357 Melissa K. Wade Case number (if known) Creditor's Name and Address Dates of payment Total amount Amount you Was this payment for ... still owe paid **Shellpoint Mortgage Servicing** \$0.00 \$194,361.00 ■ Mortgage PO Box 619063 ☐ Car Dallas, TX 75261-9063 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors □ Other Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο Yes. List all payments to an insider. **Insider's Name and Address** Amount you Dates of payment Total amount Reason for this payment paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments to an insider **Insider's Name and Address** Reason for this payment **Dates of payment** Total amount Amount you still owe Include creditor's name paid Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. □ No Yes. Fill in the details. Nature of the case Status of the case Case title Court or agency Case number **TD Bank USA NA** Civil **Magisterial District Judge** Pending 27-1-01 □ On appeal **Robert Wade** ☐ Concluded MJ-27101-CV-0000206-2019 Synchrony Bank Civil **Magisterial District Judge** Pending ٧. 27-1-01 □ On appeal **Robert Wade** ☐ Concluded MJ-27101-CV-0000200-2019

V.

Citibank, N.A.

Robert A. Wade

MJ-27101-CV-0000158-2019

**Magisterial District Judge** 

27-1-01

Civil

Pending

□ On appeal

☐ Concluded

## Case 19-23357-TPA Doc 7-1 Filed 08/28/19 Entered 08/28/19 16:19:47 Desc Schedules Page 42 of 55

	otor 1 otor 2	Robert A. Wade Melissa K. Wade			Case number (	if known) 19-23357	
10.		n 1 year before you filed for bankru		as any of your property repo	ossessed, foreclosed,	garnished, attached	d, seized, or levied?
	<b>I</b>	No. Go to line 11.					
		Yes. Fill in the information below.					
	Cred	litor Name and Address		scribe the Property		Date	Value of the property
				plain what happened			
11.	accou	n 90 days before you filed for bankı unts or refuse to make a payment b No			bank or financial inst	titution, set off any a	amounts from your
		Yes. Fill in the details.					
	Cred	litor Name and Address	Des	scribe the action the credito	r took	Date action was taken	Amoun
12.	court	n 1 year before you filed for bankru -appointed receiver, a custodian, o No Yes			ne possession of an a	ssignee for the bene	efit of creditors, a
Par	t 5:	List Certain Gifts and Contribution	ıs				
13.		n 2 years before you filed for bankr	uptcy, c	lid you give any gifts with a	total value of more th	an \$600 per person	?
		Yes. Fill in the details for each gift.		Describe the office		D-1	Walan
	per p	s with a total value of more than \$60 person		Describe the gifts		Dates you gave the gifts	Value
		on to Whom You Gave the Gift and ress:					
14.	Withi	n 2 years before you filed for bankr	uptcy, c	lid you give any gifts or con	tributions with a total	value of more than	\$600 to any charity?
	-	No Yes. Fill in the details for each gift or c	ontributi	on			
		or contributions to charities that		Describe what you contrib	outed	Dates you	Value
	more Char	e than \$600 ity's Name 'ess (Number, Street, City, State and ZIP Code		,		contributed	
Par		List Certain Losses	,				
		n 1 year before you filed for bankru	ntcy or	since you filed for hankrunt	cy did you lose anyth	ning because of the	t fire other disaste
13.		mbling?	picy of	since you med for bankiupt	cy, did you lose allyti	ing because of the	t, me, omer disaste
		No					
	_	Yes. Fill in the details.					
		cribe the property you lost and	Descri	be any insurance coverage	for the loss	Date of your	Value of property
	now	the loss occurred		the amount that insurance had ce claims on line 33 of Scheol		loss	los
Par	+ 7-	List Certain Payments or Transfers					
		•					
16.	consi	n 1 year before you filed for bankru ulted about seeking bankruptcy or place any attorneys, bankruptcy petition p	preparir	ng a bankruptcy petition?			rty to anyone you
	□ 1	No					
		Yes. Fill in the details.					
	Pers Add	on Who Was Paid ress		Description and value of a transferred	ny property	Date payment or transfer was	Amount o paymen
	Ema	il or website address on Who Made the Payment, if Not Y	ou′			made	1.7

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

page 4

## Case 19-23357-TPA Doc 7-1 Filed 08/28/19 Entered 08/28/19 16:19:47 Desc Schedules Page 43 of 55

Debtor 1 Robert A. Wade Debtor 2 Melissa K. Wade

Case number (if known) 19-23357

	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and va transferred	and value of any property  Date payment or transfer was made			Amount of payment
	Steidl and Steinberg Suite 2830 - Gulf Tower Pittsburgh, PA 15219	\$1,300.00 attorne Court filing fee	ey fees and \$3	335.00		\$1,100.00
	Summit Financial Education, Inc.				August 22, 2019	\$14.95
17.	Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you l	or to make payments			r transfer any prope	rty to anyone who
	■ No					
	☐ Yes. Fill in the details.					
	Person Who Was Paid Address	Description and va transferred	alue of any prop	erty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus Include both outright transfers and transfers mad include gifts and transfers that you have already  No	siness or financial affai e as security (such as th	i <b>rs?</b> ne granting of a s			
	Yes. Fill in the details.					
	Person Who Received Transfer Address		property transferred payme		any property or received or debts change	Date transfer was made
	Person's relationship to you					
19.	Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-protein No		property to a s	elf-settled tru	ust or similar device	of which you are a
	Yes. Fill in the details.					
	Name of trust	Description and va	alue of the prop	erty transferr	ed	Date Transfer was made
Par	t 8: List of Certain Financial Accounts, Instr	ruments, Safe Deposit	Boxes, and Sto	rage Units		
20	Within 1 year before you filed for bankruptcy,	were any financial acc	ounts or instru	mants hald in	vour name, or for w	our benefit closed
20.	sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associa	other financial accoun	ts; certificates o	of deposit; sh		
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution and	ast 4 digits of account number	Type of accourtinstrument	clo	te account was sed, sold, ved, or nsferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 ye cash, or other valuables?	ar before you filed for	bankruptcy, any	/ safe deposit	box or other deposi	itory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution	Who else had acce	ess to it?	Describe the	contents	Do you still
	Address (Number, Street, City, State and ZIP Code)	Address (Number, Str State and ZIP Code)				have it?

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Debtor 1 Robert A. Wade

Debtor 2 Melissa K. Wade

Case number (if known) 19-23357

22.	Have you stored property in a storage unit or pla	ace other than your home within	1 year before you filed for bankruptcy?	
	■ No □ Yes. Fill in the details.			
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
Par	9: Identify Property You Hold or Control for S	Someone Else		
23.	Do you hold or control any property that someone.	ne else owns? Include any prope	erty you borrowed from, are storing for,	or hold in trust
	■ No □ Yes. Fill in the details.			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Par	10: Give Details About Environmental Informa	ition		
For	he purpose of Part 10, the following definitions a	apply:		
	Environmental law means any federal, state, or l toxic substances, wastes, or material into the ai regulations controlling the cleanup of these sub	r, land, soil, surface water, grour	•	
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal s	-	l law, whether you now own, operate, o	r utilize it or used
	Hazardous material means anything an environr hazardous material, pollutant, contaminant, or s		s waste, hazardous substance, toxic s	ubstance,
Rep	ort all notices, releases, and proceedings that yo	u know about, regardless of whe	en they occurred.	
24.	Has any governmental unit notified you that you	may be liable or potentially liabl	e under or in violation of an environme	ntal law?
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of any	release of hazardous material?		
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or adminis	trative proceeding under any en	vironmental law? Include settlements a	nd orders.
	■ No □ Yes. Fill in the details.			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Par	11: Give Details About Your Business or Conr	nections to Any Business		
27.	Within 4 years before you filed for bankruptcy, d	lid you own a business or have a	ny of the following connections to any	business?
	☐ A sole proprietor or self-employed in a to	rade, profession, or other activity	, either full-time or part-time	
	☐ A member of a limited liability company		• • •	
O#:-		f Financial Affaira for Individuals Filir		

Best Case Bankruptcy

Case 19-23357-TPA Doc 7-1 Filed 08/28/19 Entered 08/28/19 16:19:47 Schedules Page 45 of 55 Robert A. Wade Debtor 1 Case number (if known) 19-23357 Debtor 2 Melissa K. Wade ■ A partner in a partnership lacksquare An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No None of the above applies Go to Part 12

	<ul> <li>No. None of the above applies. Go to</li> </ul>	Part 12.	
	☐ Yes. Check all that apply above and fil	I in the details below for each business.	
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business  Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN  Dates business existed
28.	Within 2 years before you filed for bankrup institutions, creditors, or other parties.	tcy, did you give a financial statement to a	nyone about your business? Include all financial
	No		
	Yes. Fill in the details below.		
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Pai	rt 12: Sign Below		
are with		false statement, concealing property, or c	declare under penalty of perjury that the answers obtaining money or property by fraud in connection ars, or both.
/s/	Robert A. Wade	/s/ Melissa K. Wade	
Ro	bert A. Wade	Melissa K. Wade	
C:~	mature of Dobtor 1	Ciamatura of Dobtor 2	

Signature of Debtor 2 Signature of Debtor 1 Date August 22, 2019 Date August 22, 2019

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

### Case 19-23357-TPA Doc 7-1 Filed 08/28/19 Entered 08/28/19 16:19:47 Desc Schedules Page 46 of 55

Fill in this infor				
Debtor 1	Robert A. Wade			
	First Name	Middle Name	Last Name	
Debtor 2	Melissa K. Wade			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		WESTERN DISTRICT (	OF PENNSYLVANIA	
Case number	19-23357			
(if known)				Check if this is an
				amended filing

### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

<ol> <li>For any creditors that you listed in Part 1</li> </ol>	of Schedule D: Creditors	Who Have Claims So	ecured by Property (O	Official Form 106D),	fill in the
information below.					

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	at Did you claim the property as exempt on Schedule C?	
Creditor's Ford Motor Credit Company name:	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No	
Description of property securing debt:  2017 Ford Escape 45,000 miles Monthly payment \$340.00 at 2.9%	<ul><li>■ Retain the property and enter into a Reaffirmation Agreement.</li><li>□ Retain the property and [explain]:</li></ul>	■ Yes	
Creditor's Ford Motor Credit Company name:	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No	
Description of property securing debt:  2018 Ford Focus 2,500 miles Monthly payment \$340.00 at 8.9%	<ul><li>■ Retain the property and enter into a Reaffirmation Agreement.</li><li>□ Retain the property and [explain]:</li></ul>	■ Yes	
Creditor's Shellpoint Mortgage Servicing name:	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No	
Description of property  1484 Gabby Avenue  Washington, PA 15301  Monthly payment \$1,750.00.	<ul> <li>□ Retain the property and redeem it.</li> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> <li>■ Retain the property and [explain]:</li> </ul>	■ Yes	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

## Case 19-23357-TPA Doc 7-1 Filed 08/28/19 Entered 08/28/19 16:19:47 Desc Schedules Page 47 of 55

Debtor Debtor			Case number (if known)	19-23357
securing debt:		Debtor will reta	ain collateral and continue y payments	-
Part 2:	List Your Unexpired Personal Property	Leases		
the in	unexpired personal property lease that your formation below. Do not list real estate leady assume an unexpired personal property	ases. Unexpired leases are le	eases that are still in effect; the	lease period has not yet ended
Descril	be your unexpired personal property lease	es es		Will the lease be assumed?
_essor':	s name:			□ No
	tion of leased			_
Propert	y.			☐ Yes
	s name:			□ No
Descrip Propert	otion of leased			П у
roport	,.			☐ Yes
	s name:			□ No
Descrip Propert	otion of leased			
торого	<b>,</b> .			☐ Yes
essor':	s name:			□ No
Descrip Propert	otion of leased			
торен	у.			☐ Yes
essor':	s name:			□ No
Descrip Propert	otion of leased			П у
торогс	,.			☐ Yes
	s name:			□ No
Descrip Propert	vtion of leased v:			☐ Yes
•	•			□ 1es
	s name:			□ No
Descrip Propert	vtion of leased y:			☐ Yes
·	•			103
Part 3:	Sign Below			
	enalty of perjury, I declare that I have indi y that is subject to an unexpired lease.	cated my intention about any	property of my estate that sec	cures a debt and any personal
( /s	/ Robert A. Wade	X /s/	Melissa K. Wade	
	obert A. Wade		lissa K. Wade	
Sid	gnature of Debtor 1		nature of Debtor 2	

Date

Date **August 22, 2019** 

August 22, 2019

Fill in this info	rmation to identify your case:  Robert A. Wade		Check one box only as	dire	cted i	in this form and	in Form
Debtor 2 (Spouse, if filing)	Melissa K. Wade		■ 1. There is no pres	sum	ption	of abuse	
United States	Bankruptcy Court for the: Western District of Pennsylvania		2. The calculation applies will be r	mad	de un	der <i>Chapter 7 l</i>	
Case number	19-23357		☐ 3. The Means Test qualified militar			117	
	_		☐ Check if this is a	an a	amer	nded filing	
Official F	Form 122A - 1						
Chapter	7 Statement of Your Current Monthly	lr	ncome				12/15
attach a separat case number (if qualifying milita	and accurate as possible. If two married people are filing together, both are te sheet to this form. Include the line number to which the additional information (known). If you believe that you are exempted from a presumption of abuse ary service, complete and file Statement of Exemption from Presumption of a alculate Your Current Monthly Income	atic	on applies. On the top of a cause you do not have pri	iny a mar	additi	onal pages, write ensumer debts o	e your name and r because of
1. What is	your marital and filing status? Check one only.						
☐ Not m	narried. Fill out Column A, lines 2-11.						
■ Marri	ed and your spouse is filing with you. Fill out both Columns A and B,	, lin	nes 2-11.				
☐ Marri	ed and your spouse is NOT filing with you. You and your spouse a	re:					
Liv	ring in the same household and are not legally separated. Fill out bo	th	Columns A and B, lines	2-1	1.		
pe	ring separately or are legally separated. Fill out Column A, lines 2-11; enalty of perjury that you and your spouse are legally separated under no ing apart for reasons that do not include evading the Means Test require	ont	oankruptcy law that appli	ies (	or tha		
101(10A). Fo the 6 months	rerage monthly income that you received from all sources, derived during the or example, if you are filing on September 15, the 6-month period would be March is, add the income for all 6 months and divide the total by 6. Fill in the result. Do no the same rental property, put the income from that property in one column only. I	1 th	hrough August 31. If the ame clude any income amount m	ount nore	t of yo than	our monthly incom once. For example	ne varied during le, if both
			Column A Debtor 1			nn B or 2 or iling spouse	
	oss wages, salary, tips, bonuses, overtime, and commissions (before ductions).	re a	all \$ 3,884.00	\$	;	1,774.00	
	and maintenance payments. Do not include payments from a spouse B is filled in.	; if	\$	\$	;	0.00	
	unts from any source which are regularly paid for household exper r your dependents, including child support. Include regular contribut						

Debtor 1 0.00

Debtor 1 0.00

0.00 Copy here -> \$

0.00 Copy here -> \$

0.00

0.00

-\$

\$

-\$

from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not

filled in. Do not include payments you listed on line 3.

5. Net income from operating a business, profession, or farm

Net monthly income from a business, profession, or farm \$

Gross receipts (before all deductions)

Gross receipts (before all deductions)

7. Interest, dividends, and royalties

Ordinary and necessary operating expenses

6. Net income from rental and other real property

Ordinary and necessary operating expenses

Net monthly income from rental or other real property

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

\$

## Case 19-23357-TPA Doc 7-1 Filed 08/28/19 Entered 08/28/19 16:19:47 Desc Schedules Page 49 of 55

ebtor 1 ebtor 2	Melissa K. Wade			Case numbe	r (if known)	19-23357	7	
				Column A Debtor 1		Column B Debtor 2 o	or	
8. <b>Unem</b>	ployment compensation			\$	0.00	\$	0.00	
	ot enter the amount if you contend that the amount ocial Security Act. Instead, list it here:	received was a bene	efit under					
	r you\$	0	.00					
	your spouse \$		.00					
benef	ion or retirement income. Do not include any am it under the Social Security Act.			\$	0.00	\$	0.00	
Do no receiv dome	ne from all other sources not listed above. Spe of include any benefits received under the Social S yed as a victim of a war crime, a crime against hur stic terrorism. If necessary, list other sources on a below.	Security Act or payment manity, or international	nts al or					
	·			\$	0.00	\$	0.00	
				\$	0.00	\$	0.00	
	Total amounts from separate pages, if any.		+	\$	0.00	\$	0.00	
	alate your total current monthly income. Add lin column. Then add the total for Column A to the tot		\$	3,884.00	+ \$ _	1,774.00	= \$	5,658.00
art 2:	Determine Whether the Means Test Applies to	o You					income	
12. Calcu	llate your current monthly income for the year.	Follow these steps:						
12a. (	Copy your total current monthly income from line 1	1		Сор	y line 11	here=>	\$	5,658.00
ľ	Multiply by 12 (the number of months in a year)						x 1	2
12b. 7	The result is your annual income for this part of the	e form				12	b. \$	67,896.00
13. <b>Calc</b> u	late the median family income that applies to	you. Follow these ste	ps:					
Fill in	the state in which you live.	PA						
Fill in	the number of people in your household.	3						
To fin	the median family income for your state and size of a list of applicable median income amounts, go s form. This list may also be available at the bank	online using the link s	specified	in the separa	ate instru	13 ctions	. \$8	32,518.00
14. <b>How</b> (	do the lines compare?							
14a.	■ Line 12b is less than or equal to line 13. Of Go to Part 3.	n the top of page 1, c	heck box	1, There is i	no presur	mption of abu	se.	
14b.	☐ Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	f page 1, check box 2	2, The pre	esumption of	abuse is	determined l	by Form 12	22A-2.
art 3:	Sign Below							
E	By signing here, I declare under penalty of perjury	that the information of	on this sta	atement and	in any att	tachments is	true and co	orrect.
Х	/s/ Robert A. Wade			ssa K. Wade	de			
	Signature of Debtor 1			e of Debtor 2				
Date	# August 22, 2019 MM / DD / YYYY		August MM / DD	<b>22, 2019</b> / YYYY				
ľ	f you checked line 14a, do NOT fill out or file Form		, 20					
	f you checked line 14b, fill out Form 122A-2 and fi							

Robert A. Wade

Debtor 1

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
<u>+</u> \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 19-23357-TPA Doc 7-1 Filed 08/28/19 Entered 08/28/19 16:19:47 Desc Schedules Page 54 of 55

B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Western District of Pennsylvania

In	re	Robert A. Wade Melissa K. Wade		Case No.	19-23357		
			Debtor(s)	Chapter	7		
		DISCLOSURE OF CO	OMPENSATION OF ATTOR	NEY FOR D	EBTOR(S)		
1.	cor	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:					
		For legal services, I have agreed to accept		. \$	1,300.00		
		Prior to the filing of this statement I have	received	. \$	1,300.00		
		Balance Due		. \$	0.00		
2.	\$_	<b>335.00</b> of the filing fee has been paid.					
3.	The	e source of the compensation paid to me was	s:				
		■ Debtor □ Other (specify):					
4.	The	e source of compensation to be paid to me is	s:				
		■ Debtor □ Other (specify):					
5.		I have not agreed to share the above-disclo	sed compensation with any other person ur	nless they are mem	nbers and associates of my law firm.		
		I have agreed to share the above-disclosed copy of the agreement, together with a list					
6.	In	return for the above-disclosed fee, I have ag	greed to render legal service for all aspects of	of the bankruptcy	case, including:		
	b. c.		dules, statement of affairs and plan which n	nay be required; any adjourned hea d filing of the ba	arings thereof;		
7.	Ву	P.C. Examples of additional wor limited to; amendments to bank the failure of the client to disclo motions for relief from stay, obj	cclosed fee does not include the following soutlined above may be billed separate that would require payment of addruptcy schedules, adversary proceeds or correct information contained ections to discharge, reaffirmation ariginally-scheduled Section 341 Meet	ately at the disc litional fees and dings, lien avoid in the bankrupt greements, and	I costs include, but are not dances, any work related to cy petition, responses to		
			CERTIFICATION				
thi		ertify that the foregoing is a complete statem kruptcy proceeding.	nent of any agreement or arrangement for p	ayment to me for i	representation of the debtor(s) in		
	Aug	gust 22, 2019	/s/ Christopher M. I	Frye			
	Date		Christopher M. Fry				
			Signature of Attorney Steidl & Steinberg				
			28th Floor - Gulf To	ower			
			707 Grant Street Pittsburgh, PA 152	10_1009			
			412-391-8000 Fax:				
			kenny.steinberg@s		.com		
			Name of law firm				

### United States Bankruptcy Court Western District of Pennsylvania

In re	Melissa K. Wade		Case No.	19-23357
		Debtor(s)	Chapter	7
	VER	IFICATION OF CREDITOR N	<b>MATRIX</b>	
The abo	ove-named Debtors hereby verify t	that the attached list of creditors is true and cor	rect to the best of	of their knowledge.
Date:	August 22, 2019	/s/ Robert A. Wade		
		Signature of Debtor		
Date:	August 22, 2019	/s/ Melissa K. Wade		
		Melissa K Wade		

Signature of Debtor

Robert A. Wade